

Supplemental Information for New and Re-Applicants in Federal Employee Transit Benefit Program

In order to reduce federal employees' contribution to traffic congestion and air pollution and to expand their commuting alternatives, President Clinton signed the "Federal Workforce Transportation Executive Order" on April 21, 2000. This survey has been designed to assess the impacts of this program on reducing single occupancy vehicle travel and local area congestion from federal employees. Responses are confidential and results will be reported in the aggregate.

1. What Agency/Bureau do you work for? _____
2. Are you new to the program **or** are you receiving a benefit increase? ☐ New ☐ Increased
3. What is the location of your duty station? (**county, state**) _____
4. Please estimate the total **roundtrip** distance of your daily commute: _____ miles (roundtrip)
5. **Prior to your participation or recent increase** in the transit benefit program, please indicate out of a 20-day work month, how many *days per month* you used the following modes of transportation for commuting to work:
 - _____ **drive** alone (including motorcycle/moped)
 - _____ **rail** (includes drive, walk, bike, bus or shuttle to park and ride lot or station)
 - _____ **bus** (commuter or transit and includes drive, walk, bike or shuttle to bus stop)
 - _____ **carpool** (includes being dropped off)
 - _____ **bicycle** (as my ONLY mode from home to work)
 - _____ **walk** (as my ONLY mode from home to work)
 - _____ **vanpool** (including drive, walk, bike or shuttle to vanpool staging area)
 - _____ **telecommute**
 - _____ **other** (please describe) _____
 - 20 Total**
6. **With your enrollment** into the current transit benefit program, please indicate out of a 20-day work month, how many *days per month* you expect to use the following modes of transportation for commuting to work:
 - _____ **drive alone** (including motorcycle/moped)
 - _____ **rail** (includes drive, walk, bike, bus or shuttle to park and ride lot or station)
 - _____ **bus** (commuter or transit and includes drive, walk, bike or shuttle to bus stop)
 - _____ **carpool** (includes being dropped off)
 - _____ **bicycle** (as my ONLY mode from home to work)
 - _____ **walk** (as my ONLY mode from home to work)
 - _____ **vanpool** (including drive, walk, bike or shuttle to vanpool staging area)
 - _____ **telecommute**
 - _____ **other** (please describe) _____
 - 20 Total**
7. **With your enrollment** into the current transit benefit program, please indicate out of a 20-day work month, how many *days per month* you expect to use the following modes to get to the staging area or boarding point when you commute by bus, rail, or vanpool:
 - _____ **drive** alone to park and ride lot, station or vanpool staging area
 - _____ **carpool** to park and ride lot, station or vanpool staging area
 - _____ **bike** to station, bus stop, or vanpool staging area
 - _____ **walk** to station, bus stop, or vanpool staging area
 - _____ **other** to station, bus stop, or vanpool staging area (please describe) _____
 - _____ **Will not commute by bus, rail, or vanpool**
 - 20 Total**
8. If you go to a public transit station, bus stop, park and ride lot, or vanpool staging area, please estimate the **roundtrip** distance to the facility: _____ miles (roundtrip)
9. Do you work a compressed work schedule (i.e., fewer days per week, with more hours per day, excluding overtime)?

☐ Yes ☐ No
10. If yes, please indicate out of a 20-day work month, how many work days per month you **do not** travel to your workplace:

_____ days per month